

**NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM**  
**DEPARTMENT OF REGULATION AND LICENSURE**  
**DIVISION OF PUBLIC HEALTH ASSURANCE**  
**X-RAY PROGRAM**

**For Agency Use Only**

Regist. No. \_\_\_\_\_  
State \_\_\_\_\_ Co. \_\_\_\_\_  
Priority \_\_\_\_\_ Fee Det. No. \_\_\_\_\_

**APPLICATION FOR REGISTRATION OF RADIATION GENERATING EQUIPMENT**

Instructions: Type or Print except where indicated. Retain one copy for your files and submit original application to: Nebraska Dept. of Health and Human Services Regulation and Licensure, Division of Public Health Assurance, 301 Centennial Mall South, P O Box 95007, Lincoln, NE 68509-5007.

**1.a Legal Name and Street address of Applicant (Institution, Firm, Person, etc.)**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
eMail Address: \_\_\_\_\_

**1.b Street address(es) at which Radiation Generating Equipment will be used. (If different than 1.a)**

(1) Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
(2) Temporary Job Sites Throughout Nebraska? ☐ Yes ☐ No

**2. Billing Information**

Address(if different than 1.a):  
\_\_\_\_\_  
\_\_\_\_\_  
Person to Contact: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**3. Person Responsible for Radiation Protection**

\_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**4. Type of Practice** (see Instruction Sheet) \_\_\_\_\_

List each machine on a separate line.

[illegible]

**(This Item must be completed by applicant.)**

Applicant Name from Item 1.a.

Date: \_\_\_\_\_

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Print Name and Title of certifying official